

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Southern District of Ohio		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Miller, B. Elise		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): AKA Barbara Elise Miller; FKA Elise Miller Karpf; AKA B. E. Miller		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-2975		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 2171 Forest Hill Drive Coshocton, OH <div style="text-align: right; font-size: small;">ZIP Code 43812</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Coshocton		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> <hr/> Nature of Debts (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." </div> <div> <input checked="" type="checkbox"/> Debts are primarily business debts. </div> </div>
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input checked="" type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input checked="" type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Miller, B. Elise	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: Pharmaceutical Alternatives Inc.	Case Number: 08-60905	Date Filed: 11/05/07	
District: Southern District of Ohio Eastern Division	Relationship: B. Elise Miller is the owner	Judge: C. Kathryn Preston	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Miller, B. Elise

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ B. Elise Miller

Signature of Debtor **B. Elise Miller**

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 5, 2008

Date

Signature of Attorney*

X /s/ David M. Whittaker Esq.

Signature of Attorney for Debtor(s)

David M. Whittaker Esq. 0019307

Printed Name of Attorney for Debtor(s)

Bricker & Eckler LLP

Firm Name

**100 South Third Street
Columbus, OH 43215**

Address

Email: dwhittaker@bricker.com

614-227-2355 Fax: 614-227-2390

Telephone Number

November 5, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

In re B. Elise Miller

Debtor(s)

Case No. _____

FORM 1. VOLUNTARY PETITION

Attachment A

The Debtor is the 100% shareholder of the following companies:

1. Pharmaceutical Alternatives Inc.

dba Three Rivers Infusion and Pharmacy Specialists

dba Three Rivers Option Care

dba Midwest Infusion Services

fdba Holzier Infusion Services

2. Renovated Investments Inc.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Southern District of Ohio

In re B. Elise Miller

Debtor(s)

Case No.

Chapter

11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

□ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ B. Elise Miller
B. Elise Miller

Date: November 5, 2008

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Southern District of Ohio**

In re **B. Elise Miller**

Debtor(s)

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Capital Wholesale Drug Company 873 Williams Avenue Columbus, OH 43212	Capital Wholesale Drug Company 873 Williams Avenue Columbus, OH 43212 614-297-8225	Location: 2171 Forest Hill Drive, Coshocton OH this obligation is joint with Pharmaceutical Alternatives Inc. and this debt is also secured by a lien	Disputed	500,000.00 (195,000.00 secured) (2,691,843.00 senior lien)
Cardinal Health 113 LLC Attn. Debra A. Willet Esq. VP and Associate General Counsel 7000 Cardinal Place Dublin, OH 43017	Debra A Willet Esq. Cardinal Health 113 LLC Attn. Debra A. Willet Esq. VP and Associate General Counsel Dublin, OH 43017 614-757-3142	Location: 2171 Forest Hill Drive, Coshocton OH This debt is for the guaranty of an obligation of Pharmaceutical Alternatives Inc. and is also secured		2,543,843.00 (195,000.00 secured) (148,000.00 senior lien)
Century National Bank 505 Market Street Zanesville, OH 43701	Century National Bank 505 Market Street Zanesville, OH 43701	Hillcrest Dr. Coshocton OH - vacant lot less than 1 acre		981,000.00 (10,000.00 secured)
Century National Bank 505 Market Street Zanesville, OH 43701	Century National Bank 505 Market Street Zanesville, OH 43701	Hillcrest Drive Coshocton OH - vacant land approximately 20.3 acres		981,000.00 (125,000.00 secured)
Century National Bank 505 Market Street Zanesville, OH 43701	Century National Bank 505 Market Street Zanesville, OH 43701	Hillcrest Drive Coshocton OH - vacant lot approximately 23.2 acres		981,000.00 (125,000.00 secured)
Century National Bank 505 Market Street Zanesville, OH 43701	Century National Bank 505 Market Street Zanesville, OH 43701	1305 Clark Street Cambridge OH		981,000.00 (250,000.00 secured)

B4 (Official Form 4) (12/07) - Cont.

In re **B. Elise Miller**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Century National Bank 505 Market Street Zanesville, OH 43701	Century National Bank 505 Market Street Zanesville, OH 43701	331 Main Street Coshocton OH		981,000.00 (600,000.00 secured)
Century National Bank 505 Market Street Zanesville, OH 43701	Century National Bank 505 Market Street Zanesville, OH 43701	Merrill Lynch investment account - pledged to Century National Bank		981,000.00 (566,984.00 secured)
Citi Cards PO Box 183068 Columbus, OH 43218-3068	Citi Cards PO Box 183068 Columbus, OH 43218-3068 1-800-950-1114	Credit card purchases		2,038.03
H. D. Smith Wholesale Drug Co. PO Box 660277 Indianapolis, IN 46266-0277	H. D. Smith Wholesale Drug Co. PO Box 660277 Indianapolis, IN 46266-0277 502-491-0593	This is an obligation of Pharmaceutical Alternatives Inc. and this creditor may have obtained a guaranty from debtor. This debt is disputed for now, b	Disputed	5,279,087.23
Home Loan Savings Bank 413 West Main Street Coshocton, OH 43812	Home Loan Savings Bank 413 West Main Street Coshocton, OH 43812	Mortgage loan re1910 Atwood Trail Coshocton OH owned by Cantereberry Meadows LLC		422,000.00
Huntington National Bank 422 West Main Street Zanesville, OH 43702	Huntington National Bank 422 West Main Street Zanesville, OH 43702	Parking lot on North Third Street Coshocton OH		148,000.00 (55,000.00 secured)
Huntington National Bank 422 West Main Street Zanesville, OH 43702	Huntington National Bank 422 West Main Street Zanesville, OH 43702	Parking lot on Main Street Coshocton OH		148,000.00 (55,000.00 secured)
Internal Revenue Service Insolvencies PO Box 21126 Philadelphia, PA 19114	Internal Revenue Service Insolvencies PO Box 21126 Philadelphia, PA 19114	Tax obligations of Pharmaceutical Alternatives Inc. assessed individually against debtor		2,928,107.00

B4 (Official Form 4) (12/07) - Cont.

In re **B. Elise Miller**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Medical Mutual of Ohio Attn. John Shoemaker 2060 East Ninth Street Cleveland, OH 44115-1355	Medical Mutual of Ohio 2060 East Ninth Street Cleveland, OH 44115-1355 216-687-7000	Disputed claim asserted by Medical Mutual of Ohio regarding billings by Pharmaceutical Alternatives Inc. to Medical Mutual of Ohio	Contingent Unliquidated Disputed	Unknown
Ohio Heritage Bank 200 Main Street Coshocton, OH 43812	Ohio Heritage Bank 200 Main Street Coshocton, OH 43812	Secured by mortgage on real property at 248 Main Street Coshocton OH owned by Renovated Investments Inc.		105,000.00
Option Care Inc. 485 Half Day Road Suite 300 Buffalo Grove, IL 60089	Option Care Inc. 485 Half Day Road Suite 300 Buffalo Grove, IL 60089 800-879-8137	Guaranty of debt of Pharmaceutical Alternatives Inc. This debt is secured by assets of Pharmaceutical Alternatives Inc.		440,000.00

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **B. Elise Miller**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **November 5, 2008**

Signature **/s/ B. Elise Miller**

B. Elise Miller

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B6D (Official Form 6D) (12/07)

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.								
Capital Wholesale Drug Company 873 Williams Avenue Columbus, OH 43212	X -		Judgment Lien Location: 2171 Forest Hill Drive, Coshocton OH this obligation is joint with Pharmaceutical Alternatives Inc. and this debt is also secured by a lien on assets fo that company. The amount of this calim may be disputed.			X	500,000.00	500,000.00
Value \$			195,000.00					
Account No.								
Representing: Capital Wholesale Drug Company			Polly J. Harris Esq. Porter Wright Morris & Arthur LLP 41 South High Street Columbus, OH 43215					
Value \$								
Account No.								
Cardinal Health 113 LLC Attn. Debra A. Willet Esq. VP and Associate General Counsel 7000 Cardinal Place Dublin, OH 43017	X -		March 2006-November 2007 Second Mortgage Location: 2171 Forest Hill Drive, Coshocton OH This debt is for the guaranty of an obligation of Pharmaceutical Alternatives Inc. and is also secured by a blanket lien on most assets of that company				2,543,843.00	2,496,843.00
Value \$			195,000.00					
Account No.								
Representing: Cardinal Health 113 LLC			Sherri B. Lazear Esq. Baker & Hostetler LLP 65 East State Street Suite 2100 Columbus, OH 43215					
Value \$								
Subtotal							3,043,843.00	2,996,843.00
(Total of this page)								

3 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			First Mortgage					
Century National Bank 505 Market Street Zanesville, OH 43701		-	1305 Clark Street Cambridge OH					
			Value \$ 250,000.00				981,000.00	731,000.00
Account No.			First Mortgage - same debt as secured by Clark St. property					
Century National Bank 505 Market Street Zanesville, OH 43701		-	Hillcrest Dr. Coshocton OH - vacant lot less than 1 acre					
			Value \$ 10,000.00				981,000.00	971,000.00
Account No.			First Mortgage - same debt as secured by Clark St. property					
Century National Bank 505 Market Street Zanesville, OH 43701		-	Hillcrest Drive Coshocton OH - vacant lot approximately 23.2 acres					
			Value \$ 125,000.00				981,000.00	856,000.00
Account No.			First Mortgage - same debt as secured by Clark St. property					
Century National Bank 505 Market Street Zanesville, OH 43701		-	Hillcrest Drive Coshocton OH - vacant land approximately 20.3 acres					
			Value \$ 125,000.00				981,000.00	856,000.00
Account No.			Second Mortgage - same debt as secured by Clark Street property					
Century National Bank 505 Market Street Zanesville, OH 43701		-	331 Main Street Coshocton OH					
			Value \$ 600,000.00				981,000.00	688,651.00
Subtotal (Total of this page)							4,905,000.00	4,102,651.00

Sheet **1** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			Non-Purchase Money Security - same debt as secured by Clark St. property					
Century National Bank 505 Market Street Zanesville, OH 43701		-	Merrill Lynch investment account - pledged to Century National Bank					
			Value \$ 566,984.00				981,000.00	414,016.00
Account No.			First Mortgage Location: 2171 Forest Hill Drive, Coshocton OH This obligation is for the personal guaranty by debtor of a business obligation of Pharmaceutical Alternatives Inc. This obligation is also secured by a blanket lien on most of the business ass					
Huntington National Bank 422 West Main Street Zanesville, OH 43702		X -						
			Value \$ 195,000.00				148,000.00	0.00
Account No.			Brent Stubbins Esq. Stubbins Watson & Erhard Co. LPA PO Box 488 Zanesville, OH 43702-0488					
Representing: Huntington National Bank								
			Value \$					
Account No.			First Mortgage - same debt as secured by Forest Hill Dr. property					
Huntington National Bank 422 West Main Street Zanesville, OH 43702		-	238 Main Street Coshocton OH					
			Value \$ 300,000.00				148,000.00	0.00
Account No.			First Mortgage - same debt as secured by Forest Hill Dr. property					
Huntington National Bank 422 West Main Street Zanesville, OH 43702		-	Parking lot on Main Street Coshocton OH					
			Value \$ 55,000.00				148,000.00	93,000.00
Subtotal							1,425,000.00	507,016.00
(Total of this page)								

Sheet **2** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			First Mortgage - same debt as secured by Forest Hill Dr. property					
Huntington National Bank 422 West Main Street Zanesville, OH 43702		-	Parking lot on North Third Street Coshocton OH					
			Value \$ 55,000.00				148,000.00	93,000.00
Account No.			First Mortgage					
Ohio Heritage Bank 200 Main Street Coshocton, OH 43812		-	331 Main Street Coshocton OH					
			Value \$ 600,000.00				307,651.00	0.00
Account No.			First Mortgage					
Sconset Resources Corporation 410 17th Street Suite 2400 Denver, CO 80202		-	7952 East Kenyon Drive Denver CO					
			Value \$ 229,000.00				160,000.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

615,651.00 **93,000.00**

Total
(Report on Summary of Schedules)

9,989,494.00 **7,699,510.00**

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re B. Elise Miller,
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			2004, 2005 2007 and 2008					
Internal Revenue Service Insolvencies PO Box 21126 Philadelphia, PA 19114		-	Tax obligations of Pharmaceutical Alternatives Inc. assessed individually against debtor				2,928,107.00	Unknown
Account No.			Internal Revenue Service Attn. Jeffery A. Johnson 200 North High Street Room 425 Columbus, OH 43215					
Representing: Internal Revenue Service								
Account No.								
Account No.								
Account No.								

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

0.00
2,928,107.00 0.00

Total
(Report on Summary of Schedules)

0.00
2,928,107.00 0.00

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. xxxx xxxx xxxx 3751			Credit card purchases				2,038.03
Citi Cards PO Box 183068 Columbus, OH 43218-3068		-					
Account No.			This is an obligation of Pharmaceutical Alternatives Inc. and this creditor may have obtained a guaranty from debtor. This debt is disputed for now, but that may change once debtor has reviewed all relevant documents.			X	5,279,087.23
H. D. Smith Wholesale Drug Co. PO Box 660277 Indianapolis, IN 46266-0277		-					
Account No.			August 2005 Mortgage loan re1910 Atwood Trail Coshocton OH owned by Cantereberry Meadows LLC				422,000.00
Home Loan Savings Bank 413 West Main Street Coshocton, OH 43812		-					
Account No.			Disputed claim asserted by Medical Mutual of Ohio regarding billings by Pharmaceutical Alternatives Inc. to Medical Mutual of Ohio	X	X	X	Unknown
Medical Mutual of Ohio Attn. John Shoemaker 2060 East Ninth Street Cleveland, OH 44115-1355		-					
Subtotal (Total of this page)							5,703,125.26

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: Medical Mutual of Ohio		David J. Wigham Esq. Critchfield Critchfield & Johnston Ltd. 225 North Market Street Wooster, OH 44691				
Account No. Ohio Heritage Bank 200 Main Street Coshocton, OH 43812	-	Secured by mortgage on real property at 248 Main Street Coshocton OH owned by Renovated Investments Inc.				105,000.00
Account No. Option Care Inc. 485 Half Day Road Suite 300 Buffalo Grove, IL 60089	X -	October 2005 Guaranty of debt of Pharmaceutical Alternatives Inc. This debt is secured by assets of Pharmaceutical Alternatives Inc.				440,000.00
Account No. 						
Account No. 						
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 545,000.00
(Report on Summary of Schedules)						Total 6,248,125.26

B6G (Official Form 6G) (12/07)

In re B. Elise Miller, Case No. _____
Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Pharmaceutical Alternatives Inc. 238 Main Street Coshocton, OH 43812	Lease between the debtor and Pharmaceutical Alternatives Inc. regarding the real property at 238 Main Street Coshocton OH. The lease is dated January 2008 and is for a term of 5 years with monthly rent of \$10,000 payable to the debtor.

In re **B. Elise Miller**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Pharmaceutical Alternatives Inc. 238 Main Street Coshocton, OH 43812	Huntington National Bank 422 West Main Street Zanesville, OH 43702
Pharmaceutical Alternatives Inc. 238 Main Street Coshocton, OH 43812	Cardinal Health 113 LLC Attn. Debra A. Willet Esq. VP and Associate General Counsel 7000 Cardinal Place Dublin, OH 43017
Pharmaceutical Alternatives Inc. 238 Main Street Coshocton, OH 43812	Capital Wholesale Drug Company 873 Williams Avenue Columbus, OH 43212
Pharmaceutical Alternatives Inc. 238 Main Street Coshocton, OH 43812	Option Care Inc. 485 Half Day Road Suite 300 Buffalo Grove, IL 60089

United States Bankruptcy Court
Southern District of OhioIn re **B. Elise Miller**

Debtor(s)

Case No. _____

Chapter

11**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 5, 2008**Signature **/s/ B. Elise Miller****B. Elise Miller**

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Brent Stubbins Esq.
Stubbins Watson & Erhard Co. LPA
PO Box 488
Zanesville, OH 43702-0488

Capital Wholesale Drug Company
873 Williams Avenue
Columbus, OH 43212

Cardinal Health 113 LLC
Attn. Debra A. Willet Esq.
VP and Associate General Counsel
7000 Cardinal Place
Dublin, OH 43017

Century National Bank
505 Market Street
Zanesville, OH 43701

Citi Cards
PO Box 183068
Columbus, OH 43218-3068

David J. Wigham Esq.
Critchfield Critchfield & Johnston Ltd.
225 North Market Street
Wooster, OH 44691

H. D. Smith Wholesale Drug Co.
PO Box 660277
Indianapolis, IN 46266-0277

Home Loan Savings Bank
413 West Main Street
Coshocton, OH 43812

Huntington National Bank
422 West Main Street
Zanesville, OH 43702

Internal Revenue Service
Insolvencies
PO Box 21126
Philadelphia, PA 19114

Internal Revenue Service
Attn. Jeffery A. Johnson
200 North High Street
Room 425
Columbus, OH 43215

Medical Mutual of Ohio
Attn. John Shoemaker
2060 East Ninth Street
Cleveland, OH 44115-1355

Ohio Heritage Bank
200 Main Street
Coshocton, OH 43812

Option Care Inc.
485 Half Day Road
Suite 300
Buffalo Grove, IL 60089

Pharmaceutical Alternatives Inc.
238 Main Street
Coshocton, OH 43812

Polly J. Harris Esq.
Porter Wright Morris & Arthur LLP
41 South High Street
Columbus, OH 43215

Sconset Resources Corporation
410 17th Street
Suite 2400
Denver, CO 80202

Sherri B. Lazear Esq.
Baker & Hostetler LLP
65 East State Street Suite 2100
Columbus, OH 43215